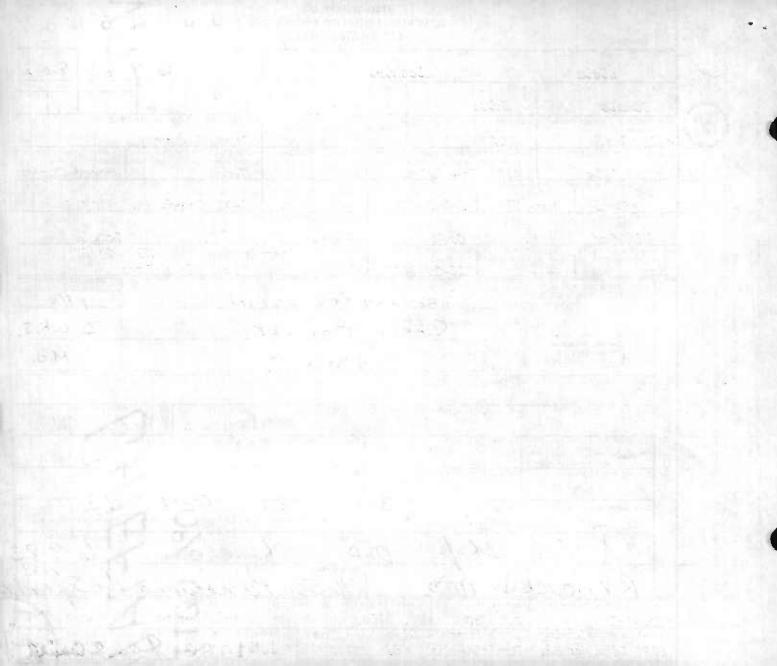
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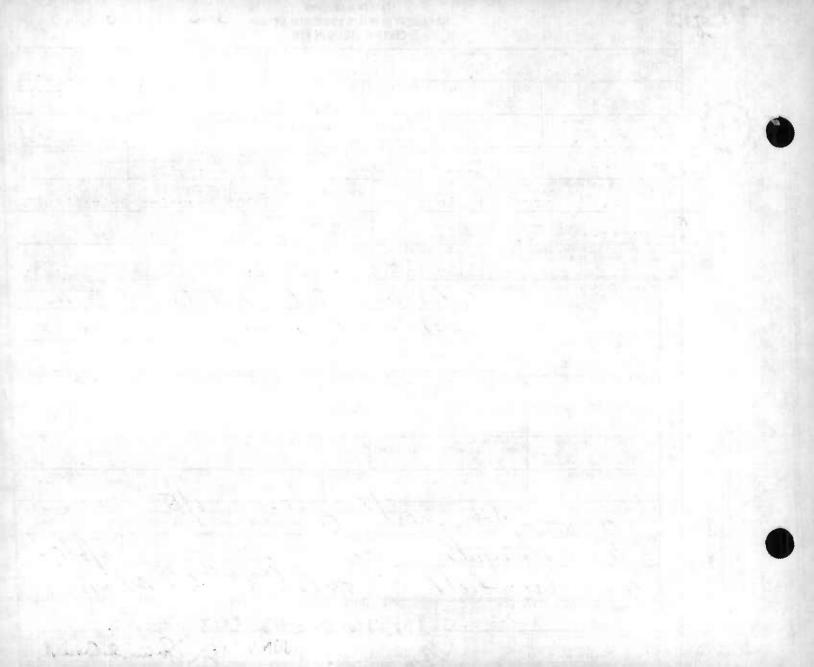


Reisterstown Md

(VRA 15, 4) 1/79

Eline Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



W. Carlot	1.	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. NO.	16	089
ad Sold Sold Sold Sold Sold Sold Sold Sol		CEASED NAME FIRST DRIVING BELL	lah 14. RACE	K.	Be Is DATE O	AST DF BIRTH		DEATH MONTH	9 83	0715-M
ge 4 r ector, irs offe		FEMALE	WHI	TE	MONTH	08 97	85	YRS	MONTHS DAT	YS HOURS MIN.
ter death. Po he funeral dir within 72 hou fied of once.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED		RECITY <u>OR</u> COUNTY	ITY OF DEATH	MD.
by the fu		TY OR TOWN OF DEATH ESTMINSTER	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVESTREET TMINS TER	ADDRESS) NURS	ING CENTER	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING ING	GLIFE) INDUSTE	O OF BUSINESS OR RY THING
24 hou filled in ould be	USU. 13e. S	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION DUNTY RROLL	134. CITY OR TOW WESTMI	/N	13d. INSIDE CITY LIMIT	S? 138. STREET A	ADDRESS NGTON RD	211	57
campletely s I and 2 sh	14. FA	THOMAS	WIDDLE	KUHNS (AST		15. MOTHER'S MAIDEN			DES	LAST
on ond ca		VAS DECEASED EVER IN U.S.	ARMED FORCES?	212-01		JOAN HOLL	INGER W	ADDRESS ESTMINST		21157 ROXIMATE INTERVAL HEN ONSET AND DEATH
quires that the death certificate signed by the attending physici hen please remove carbon poper to buiol, cremation, or removal. ijury, ar other traumatic event, the	NO	PART I. DEATH WAS CAI 4292 IMMED Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DIATE CAUSE (0) DUE TO, C (b) DUE TO, C	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE T	terminal disease	OR CONDITION (GIVEN IN PART	110
he low re on. has been to permit it permit if the prior ows ony it.	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	PSY? 20b. IF	YES, WERE FIN	IDINGS USED SES OF DEATH? NO
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ATTENDING spiral or oth ECTOR, After d for use as th ?. of Health or	W	white Not white At work 22a.1 certify that (1) (this he sow the deceased alive above. (1) (we) (disk) (disk)	ospital) ottended t		\$3. or	street , 19 dt that in (my) (our) opi) 2 , to	6-9		, that (J) (we) lost
TO HOSPITAL OR retained by the high point of the base should be detached with the State Dept.		MA PHYSICIANS NAME	Bake			ATTENDIN PHYSICIA	MEDICAL IN STEP	STAFF PHYSICIAN [] MEA C. MD		-09 -83
P		BURIAL, CREMATION, REMOVE BURIAL,	VAL 236. DATE 6-11-			EMETERY OR CREMATO	ORY 23d. LOCA WEST	TION MINSTER	CARROL	L MD STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	Wheral Director Robert Kyl Pris	4. 4	Westmen	sty,	mel 250	IUN 1 6 19	EGISTRAPIZAL REG	SISTRAR'S SICA	LATURE &

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Owings Mills, Md.

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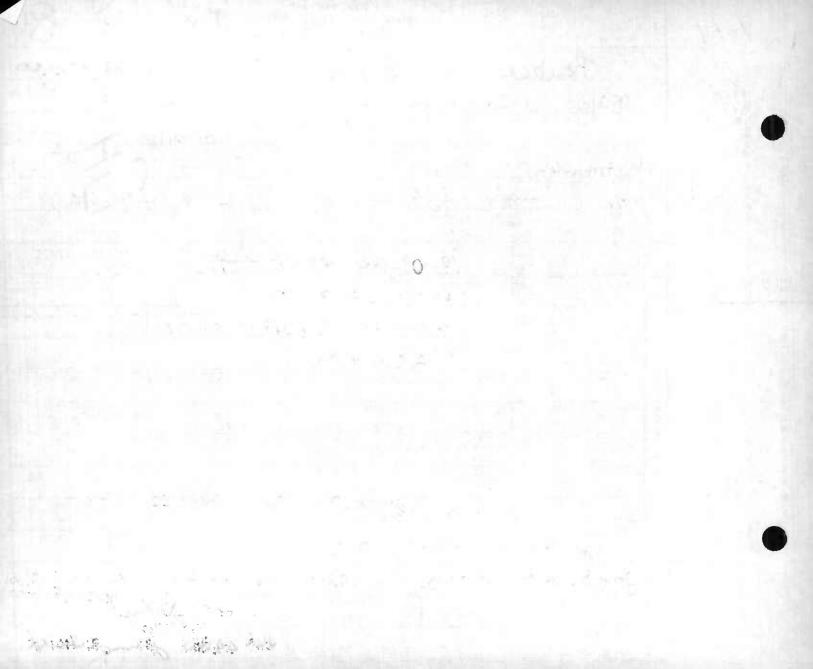
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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141	FOR - STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	IYGIENE 8 3	16091
tor (REGISTRAR 1 DECEASED NAME _ FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	NTH DAY YEAR 26 HOUR
ge 3	Reub Reub		Black		2 2 111
M	male	Caucasio	5 DATE OF BIRTH MONTH DAY YEAR 13 17	6 AGE (IN YEARS LAST BIRTHDAY	Y IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
75	70 BIRTHPLACE (STATEOR FOREIGN COUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COU U.S.A.		9 BALTIMORE CITY OR CO	OUNTY OF DEATH MD.
d'action	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION E STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR
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	14 FATHER'S NAME	MANUAL ACCOUNT	YES NO 15. MOTHER'S MAIDEN	NAME 948 QUOU	++111 Way 21205
11 100	REUBEN	MIDDLE BLAC	K GERTRUDI	E MIDDLE	GOUCHNOUR
Page Page	160, WAS DECEASED EVER IN U.S. AF 1455, NO OR UNKNOWN) IF YES, GIV YES W. W	E WAR OR DATES)	15 - 083-7A AND XXXXIII		GERTRUDE BLACK AS 13e.
in signed by the attendial. Then please remove contracts to burial, cremation, or injury, or other froumation.		DUE TO, OR AS A CON		FICIENCY ERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1101
has been prince one prince one prince one prince one prince one one one one one one one one one on	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	VHICH OPERATION WAS PERFORMED		B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
us certificate burial-transis Mental Hygi	OR CONTRACTOR CALLES OF DE			URRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
After this of e as the bur but and Me	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us of He	22a. I certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	attended the deceased on view the body after death		, 10	nnd haur and fram the causes stated
At DIREC detached ate Dept. JT. If them	22h SIGNATURE	(Jeac	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED
TO FUNERAL should be defined by the should be defined by the short with the State important:	JOSE L, CHA	PULLE, M.D	220 ADDRESS 63 42 B	arnett Avc.	SAKELNITE WO
\$P	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	23b. DATE 6/24/1983	23c. NAME OF CEMETERY OF CREMATOR GREEN MOUNT CREMATOR	CITY OR TOWN	COUNTY STATE MARYLAND
I - 16 60M 1/75 R A 15 (4))	24 FUNERAL DIRECTOR NAME WALTER BROOKS BRA	ADDA	ESS	DATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE



Deniel Edward Boone 791e White 6 23 06 24 T.S.a. Thornes ... Campain Doubles Vestminster GNO Jenostowa Sond competer construction bank imphoses out x retaining leafungi .Dilunofcosa. O48 EST UNC - EMPLY - AMONG MARCH STRUCK - ENTERING TO THE PROPERTY OF TH Market Land and the Control of the C Hemoval 6/21/63 Ametony Hosed of Mr Talthrone dity the Branch Jewanik Believe William Mark John Street Control of the

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FOR

REGISTRAR

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DHMH - 16 50M 1/81 (VRA 15, 4)

APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _19___\$2_, and that in (my) (aur) apınian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 10

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE O? DEATH

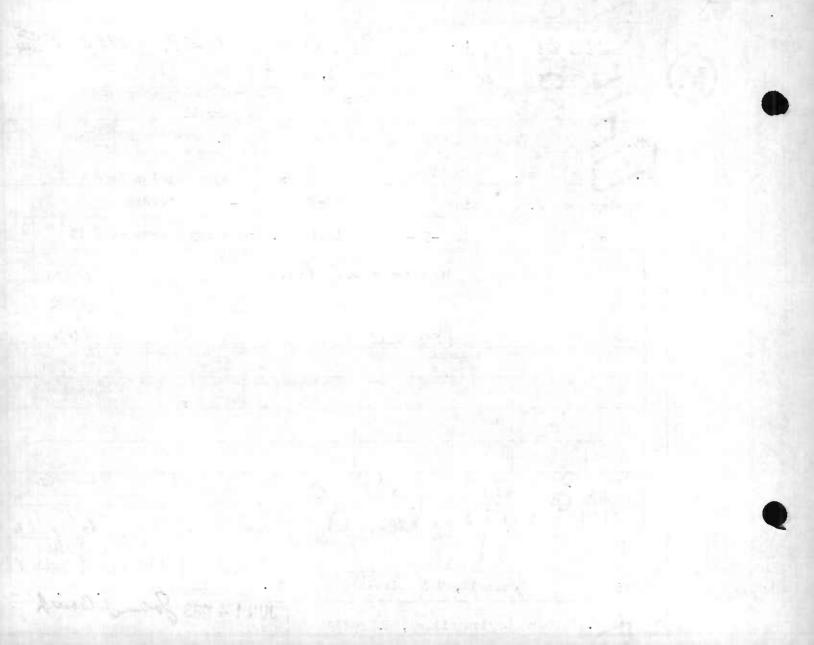
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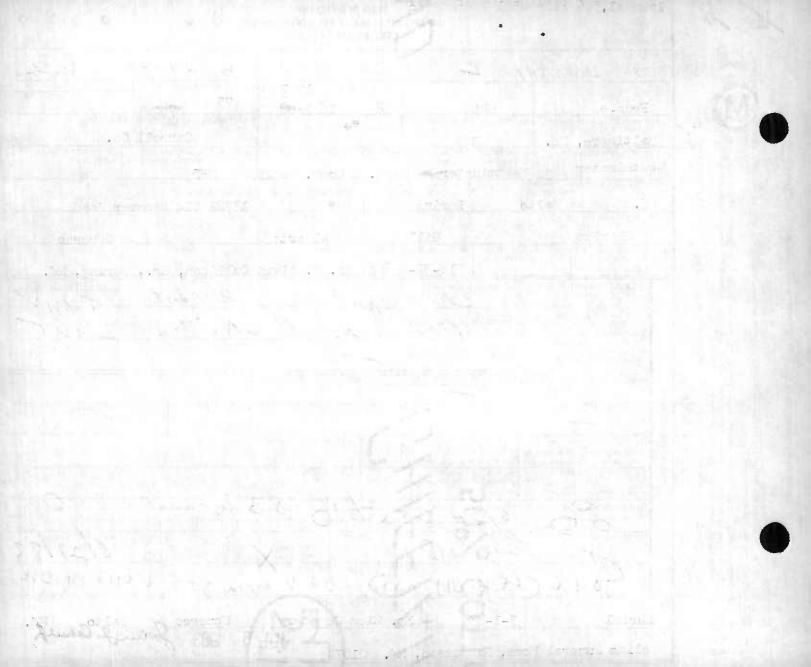
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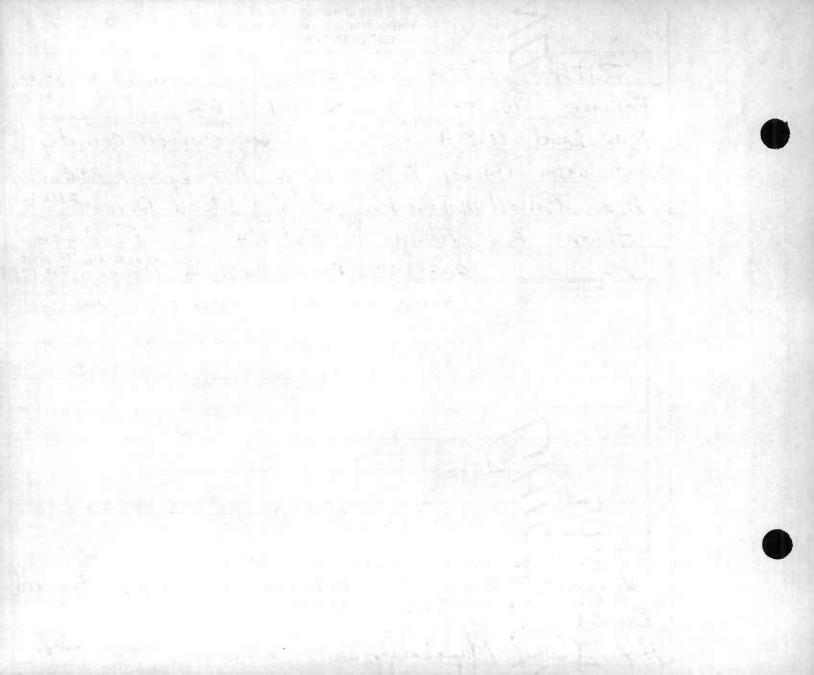
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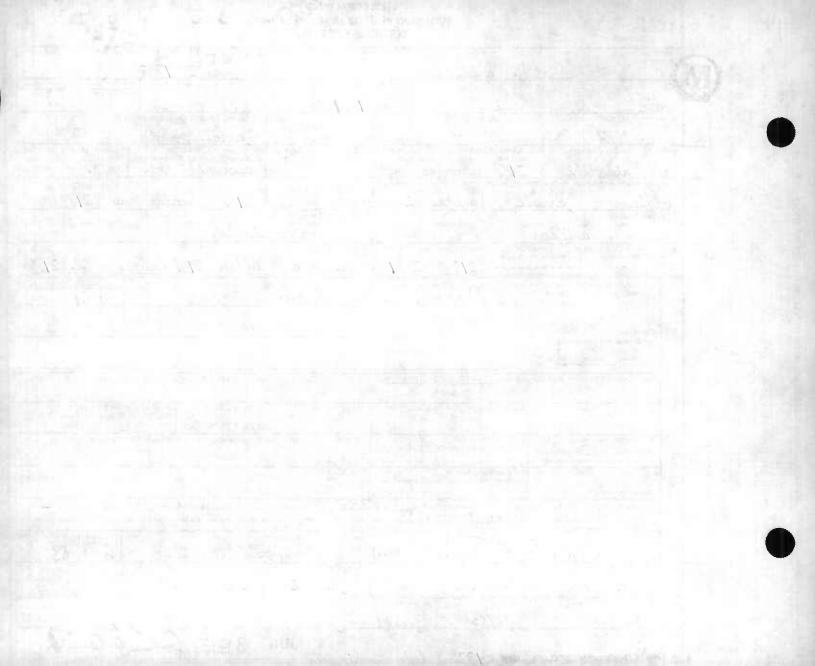


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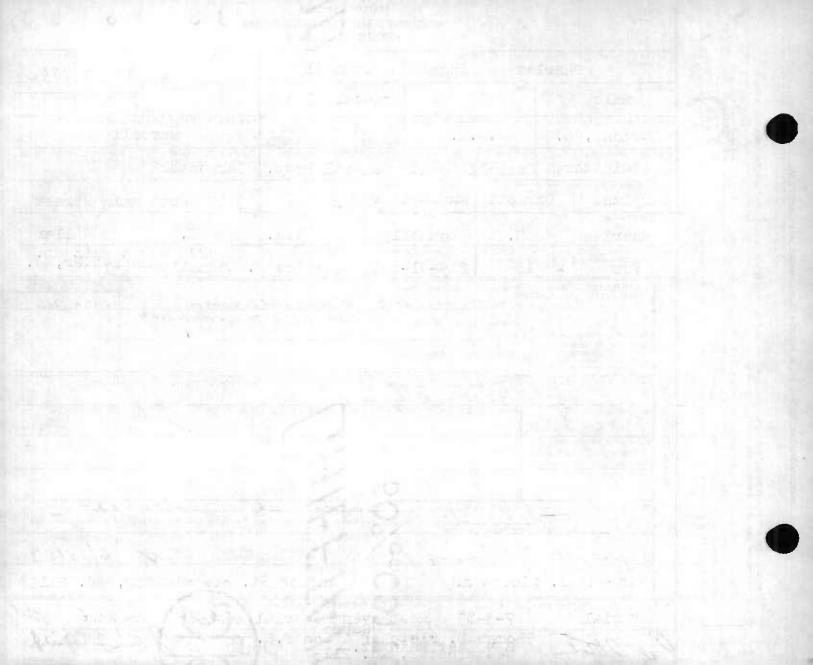
8	1.	STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH STATE AND MENTAL HYGIENE 8 3 6 0 9 7
be oth	(TYP	EASED NAME FIRST ETTA CULLISÓN 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 6 19 83 0534M
	3. SE	- emale White Apr. 12, 1991 62 YRS DATE OF BIRTH 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
A three death.	10.0	THPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MA
1201 In by the re filed will be achiefed.	USU	estuiuster Cavoli G. Gea. Hosp. Hyper work for most of working Life; INDUSTRY Chip. RESIDENCE LIFTURISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION!
MARYLAND 21 red within 24 ho smpletely filled in ond 2 should be examine, must b	13a	AJE 13 POUNTY 131. CITY ORTOWN 131 INSIDE CITY (IMITS? 130 STREET ADDRESS Drive 21/02 HERS NAME 15 MOTHER'S MAIDEN NAME
	16a \	ALLEN LIST HANN Estella MODIE Fridinger AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
ricate be executivistic on and coppers. Pages 1 and coppers, Pages 1 and 1, the medical	(s NORTHINKNOWN) (IF YES, GIVE WAR OR DATES) 215-56-2888 Pennis Cullision HANDLE PA. 1733 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSE TAND DEATH
W. PRESTON SI., at the death certific by the ottending ph se remove carbon p cremation, or rema other fraumotic even	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.) SARCOMA OF UTERUS MONTHS MONTHS
he law re on. has been to permit. I ene prior on. ows ony is	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
SICIAN: T ng physici certificate urial-transi ental Hygi	MEDICAL CER	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)
OR ATTEND on the haspital or DIRECTOR: A subset for use Dept. of Heal of Hem 21 is m		White work Not white work at work 1 w
TO HOSPITAL O etained by the TO FUNERAL D should be defice with the Store DI WIRTHEN THE STORE DIMPORTANT. If I	1	VIncent J. Froce, Jv. 8 Anchou St. Westminster, Und
BP		IBIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	1	Should May abres for U.S. JUN 2 2 1983 John & Concept



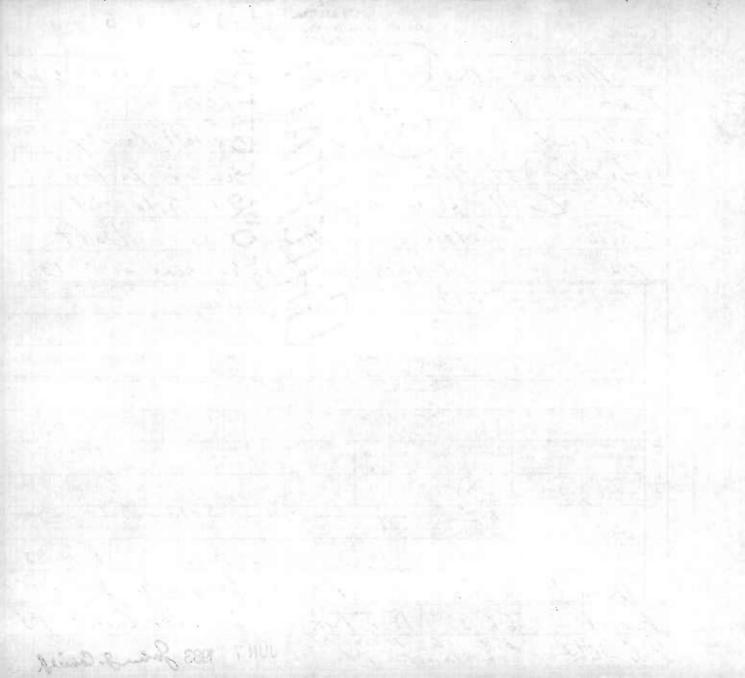


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(VRA 15, 4)



	1	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	6101
my be oge 3 r death		CEASED NAME FIRST OR PRINT) MINNIE	Belle .	GAMBER S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	983 6 30 Pm
\$3	7a. BI	RTHPLACE (STATE ON FOREIGN 7)	Who fer COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	24
ors ofter de fin by the fun siled within	NI		37 John Such FACHITY, ONE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
ed within 24 hours mpletely filled in by and 2 should be file examiner must be no	130	ATHER'S NAME	13 CITY OR TOV	13d. INSIDE CITY LIMITS? YES NO 1		5/2/15/
	160	Jacob VAS DEGEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECTION	URITY NO. 17. INFORMANT	ADDRESS	Datt
Page e ex			WAR OR DATES) 2/6-14-5	519 Grace F	ogle same	as ± 13
PRESTON ST., BALLI he deoth certificate b he othending physicro emove carbon papers. mation, ar remavol. r froumofic event, the		PART I. DEATH WAS CAUSED IMMEDIATE 4292 Conditions, if ony, which gove rise to immediate		fulmonny!	Rdena	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the med by the please runial, cre	NOI	couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir otheraling physicion. fifer this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or flem 18 shows any injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	in and an analysis of the second	AY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	18. PART I OR PART 2}
NG PH r offer this as the k th and /	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
R ATTEND hospital or hospital or RECTOR. Area for use spt. of Health of Health or List mental is more than 21		220. I certify that (1) this hospital saw the deceased alive on above (1) (we) (did) (did not) 20. BIGNATURE	ol) ottended the deceosed from.	DEGREE	death accurred on the date and	nour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL O retoined by the TO FUNERAL DI should be detoch with the Stote DR IMPORTANT. If It		22d. PHYSICIAN'S NAME (TYPE OR	PRINTS OF FA	ATTENDING PHYSICIAN 1220 ADDRESS RIGHER RO	MEDICAL STAFF DIRECTOR PHYSICIAN	Md. 2/15
Bb 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a.	BURIAL, CREMATION, REMOVAL	23b, DATE 6-6-83 23c	NAME OF CEMETERY OR CREMATORY REP PARK	23d LOCATION CUTY OR TOWN	Carrell My.
DHMH - 16 50M 1/B1 (VRA 15, 4)	29 €	ONERAL DIRECTOR	25 4 GADDRESS	main SI. 250. DA	N 7 1983	GISTRAR'S SIGNATURE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24. FUMBRAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4) - STATE

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	3	OR			DEPARTMENT	OF HEALTI	A AND MENTAL	HYGIENE	5	6			43
_		REGISTRAR					CERTIFICATE		REG.	NO.	9	~	
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	(1176	OR PRINT)	James			(Gutridge		OF ESTI-		10 19	83	
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ŀ		Wd.			Raltimo	re	YES NO		E. Lor	mbard	St.		
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4		Henry	E		utridge	Sr.	Judi	th Ann			rris		
F	(YE	S, NO, OR UNKNOW	EVER IN U.S. ARMI	ED FORCES? (AR OR DATES)	166. SOCIAL SECU	IKITY NO.	17, INFORMANT		ADDRE				
L		No					Henry G	utridge	3707	E. L			St.
ſ	TIL.	18 CAUSE OF	TH WAS CALLSED	RV.	far (a), (b), and (c).						APPRO BETWEEN	NONSET A	NTERVAL AND DEATH
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			s, if any, which to immediate	(b)						100			
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Ш			- PRESE	(c)									
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J	TIE										YES	X	NO 🗌
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	CAL	CONTRIBUTING	G CAUSE OF DE	47.46	7 CONT. TOWN 100	88.6	ubject har	naed self					
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		death resulted	s from: No	ray	177	DOICIDE II		• Undetermine	d manner				
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-	22- PI	(TYPE OR PRIN	T)				ADDRESS						
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1	24 FI	Buria		6/14/83	Oak La	wn Ce	em .	E.REC'D BY RECT	STRAP TAL PE	ltimo	re	Md	•
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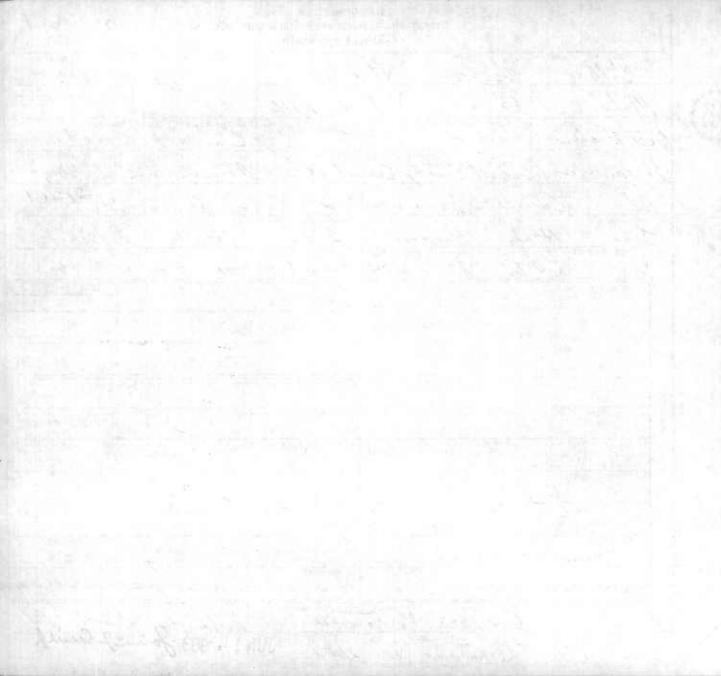
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page 3		CEASED NAME FIRST ALICE	CORINNE	HAAS	20. DATE OF DEATH MONTH	0AY YEAR 26. HOUR 14 83 0155 M
ctor, po	3. SE	F	4. RACE	S. DATE OF BIRTH APPR 19 1919		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
L(M)2	4	COUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	CHAROLL	MD.
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that the death certificate by the attending physici ease remove corban paper ial, cremotian, ar removal. or other troumatic event, th			IN one cause per line far (a), (b), a EO BY: ITE CAUSE (a) CARCIN DUE TO, OR AS A CONSEOL (b)	JENCE OF	MARY PENDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH // Marthy S
ibow requires speed signer signer prior to burn to bur	CERTIFICATION		HEROSCLEROT	DEATH BUT NOT RELATED TO THE TER	HEART DIS 200 AUTOPSY? 200 INC	EASE IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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TO HOSPITAL OR A retained by the hos TO FUNERAL DIRECT should be detached with the State Dept.		228 PHYSICIAN'S NAME (1798)	J Flocco	JR WESTMIN	ISTER MU	/ /
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	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE 8	3 I	6	0 6
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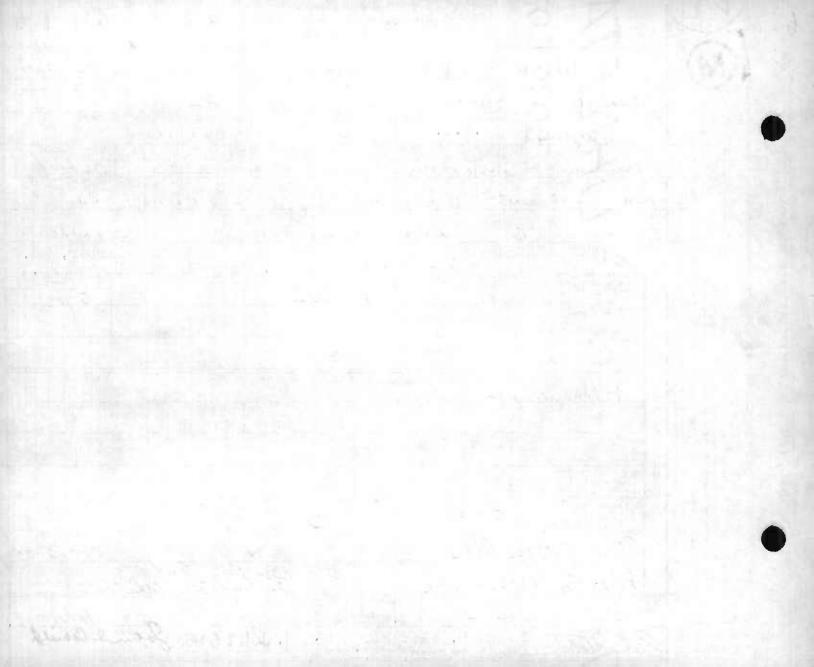
		STATE OF MARYLAND	0 2 1	6 1 0 9
FOR STATE	DI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O O	0 1 0 0
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3 SEX	1 AACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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10 CITY OR TOWN	OF DEATH III. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION (E STREEH ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
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14 FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	
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160 WAS DECEASED		L SECURITY NO. 17. INFORMANT	ADDRESS	
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230 BURIAL, CREMA	TION, REMOVAL 23b DATE	23L NAME OF CEMETERY OR CREMATORY	THE LOCATION	
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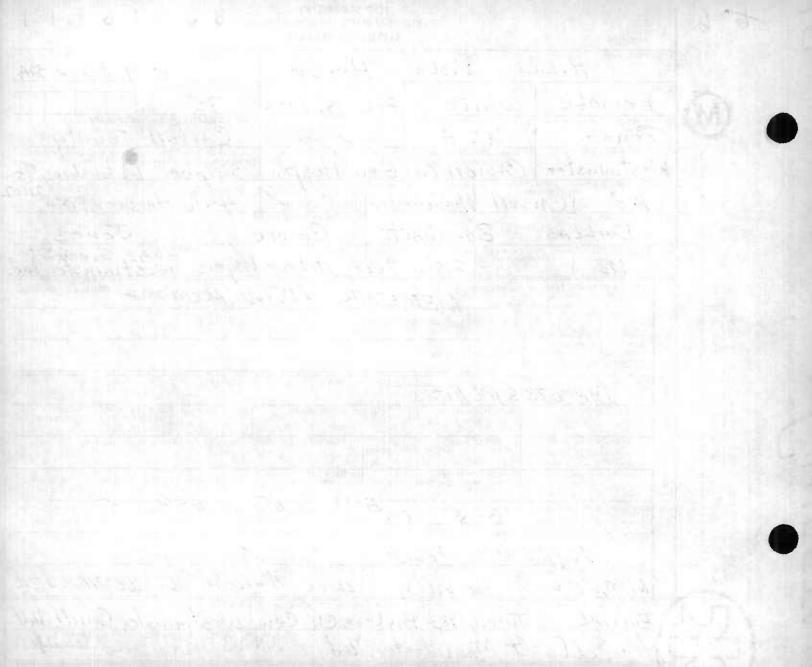
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- 6 AM			White b citizen of what country?	3 - 18 - 1904	9 BALTIMORE CITY OR CO	YRS. DUNTY OF DEATH
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NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Americal Hygiene prior to buriol, cremation, or removal. The province of the pr	/ -	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
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OR he he horder to be		22b. SIGNATURE	forman	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 6/13/83
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TO HO retoined TO Fu should with th	230	HOWARD G. L. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE 3 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY SIAI
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been been prior prior ony ii		190 DATE OF OPERATION 196		CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
The loricion. Ite has last perr	CERTIFICATION				YES NON	IN CERTIFYING CAUSES OF DEATH?
	- 8	21a. ACCIDENT WAS UNDERLYING 21b.	TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
SICIAN: T ng physici certificate ortal-transr inem 18 sh	100	OR CONTRIBUTING TO CAUSE OF REALTH	DUR A.M. MONTH	DAY YEAR		
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DING PH or offen Affer thi e os the I offth and	×	WHILE NOT WHILE AT WORK	HOME, STREET, FACTORY, OFFI	E, FARM, ETC.) STREET	CITY OR TO	WN COUNTY STATE
DIN or		220.1 certify that (1) this hospital) atter	nded the deceased from	10-5- 19-8	8/ 10 6-1-	3 , 19 53 , thoy (we) lo
OR ATTEN te hospitol DIRECTOR: ached for us Dept. of He Then 21 is					ion deoth occurred on the d	late and hour and from the causes stated
OR AT he hosp DIREC oched f Dept. o		22b SIGNATURE A	e body ofter death.	DEGREE		22c. DATE SIGNED
ral OR A y the hos Ral DIREC detoched ote Dept.		Cliva Madkan	[1][ATTENDING	MEDICAL STA	OFF 06-13-83
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DHMH - 16 60M 1/75	24	FUNERAL DIRECTOR Thom	as D. Fle	tcher & Son F. H	WN 7 6 1983	AND THE STRAR STIG TO THE LAND THE STREET
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		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
ه د و		CEASED NAME FIRST	1A VIOLA	Hereh	20. DATE OF DEATH MONTH	9 83 2:32A
× 24	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Sales and		Female	White	Feb. 15, 190		NO.
deoth. Page	70. 81	PURITY (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	CONCOUNT TO
er de	10 CI		11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
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filled in sould be in the soul	13a. S		NTY IX. CITY OR TOW			Huover Pike 121102
ithic ithic	14. FA	THER'S NAME	MIDDLE D LAST	15. MOTHER'S MAIDEN N		
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		(AS DECEASED EVER IN U.S. AR	VE WAR OR DATES) 215-20	0-1-1	Myers We	3 E. Green ST.
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he death c he ottendin emave cork imation, or rr troumation		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
201 eed b pleo rriol,			(c)CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART I (a
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3 0 6		22a. I certify that (1) (this hasp	ital) attended the deceased from	5-17 19 8	3, to 6-9	, 19 8 3, that (I) (we) lost
R ATTEN hospital RECTOR: ned for us spt. of He tem 21 is		saw the deceased alive on abave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the bady after death.		on death accurred on the date and	hour and from the causes stated 22c. DATE SIGNED
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O HOSPITAL (etoined by the TO FUNERAL E should be deto with the Store E MAPORTANT; If		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	220 ADDRESS	noticolar No.	MESTAIN STEN
TO HOS: retained TO FUN should b	23a E	URIAL, CREMATION, REMOVAL	123b. DATE 123c. N	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	Wedning Tot
BP		BUVIAL	June 11, 1983 F	BixLers Ch. Ce	in Westinius	ster Carroll Hud
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FL	MERALDIRECTOR Schlan	elt Mauches	ster, U.d. 1250 19	JN 7 3 1983 AR 254 RE	GISTRÂR'S SIGN GURE



6009 HARFORD RD. BALTO., MD. 21214

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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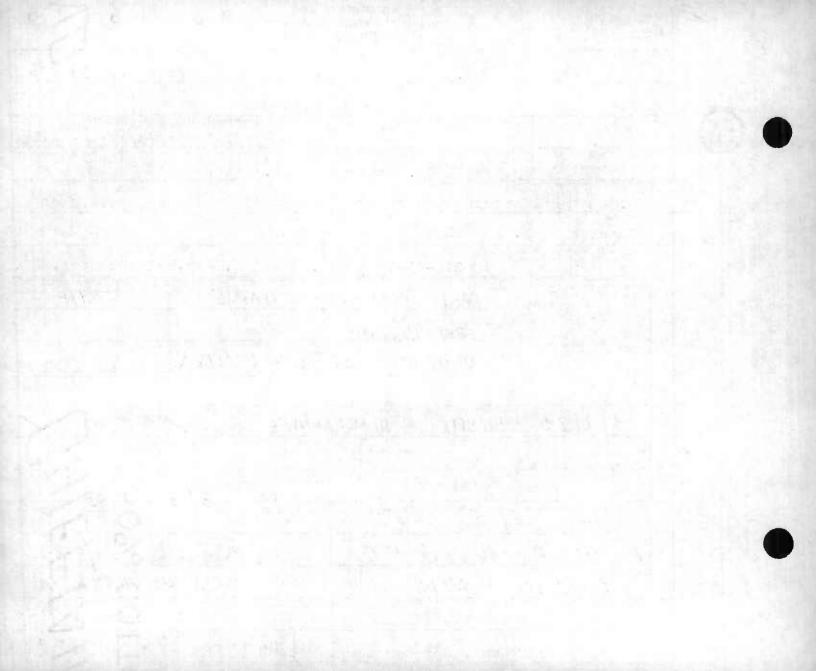
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME ALIDDI F LAST 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS 30 8,1983 June Kay 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS August 16,1905 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltinore/County Carrolled DIVORCED INDUSTRY Carroll Co. General Hospt. Retired G&E 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 19 Chatsworth Ave. 21136 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Ewing Lenora 17 INFORMANT ADDRESS 218-03-1316 Mrs. Naomi S. Kay, Reisterstown, Md. ARDIOPULMONARY COLLAPSE 2411 TO CARCINOMA BLADDER CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT NON 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE 2, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 183 ATTENDING PHYSICIAN THE DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 11,1983 All Saints Cemetery Reisterstown, Balto.

24 FUNERAL DIRECTOR Eline Funeral Home, Reisterstown, Md



MARYLAND 21201	
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201 W. PRESTON	
DIVISION OF VITAL RECORDS, 2	
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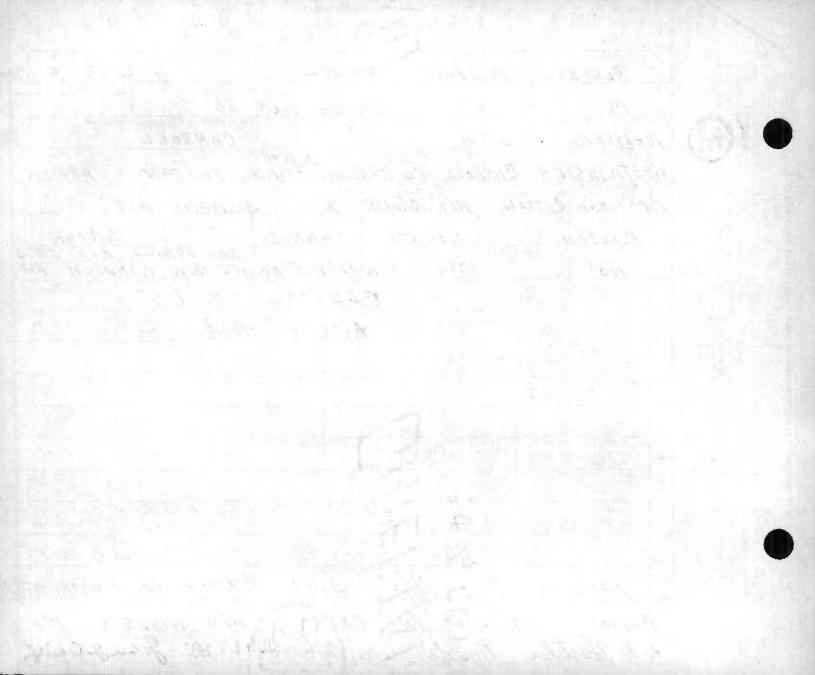
	1	FOR • STATE	DEPARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYGIE	NE 8 3	16117
		REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
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nos bee permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY? 200 YES NO X	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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TTEN pritol TOR: for us of He		22a. I certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) v	6-19 19 83 and	, , , , , , , , , , , , , , , , , , , ,	, to 6-19 oth occurred on the dote o	nd hour and from the couses stated
0 0 0 0 0		226. SIGNATURE	Jeenin.		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 6/19/83
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME 16 MY	biold ADDRESS yposul	le me "JUN"	27 983	POLITRANS CHURCHEN

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16		REGISTRAR HELEN EASED NAME FIRST OR PRINT) HELEN	1	MIDDLE	W I	PP		20. DATE OF D	REG. NO.	H DAY	YEAR 83	26. HOUR
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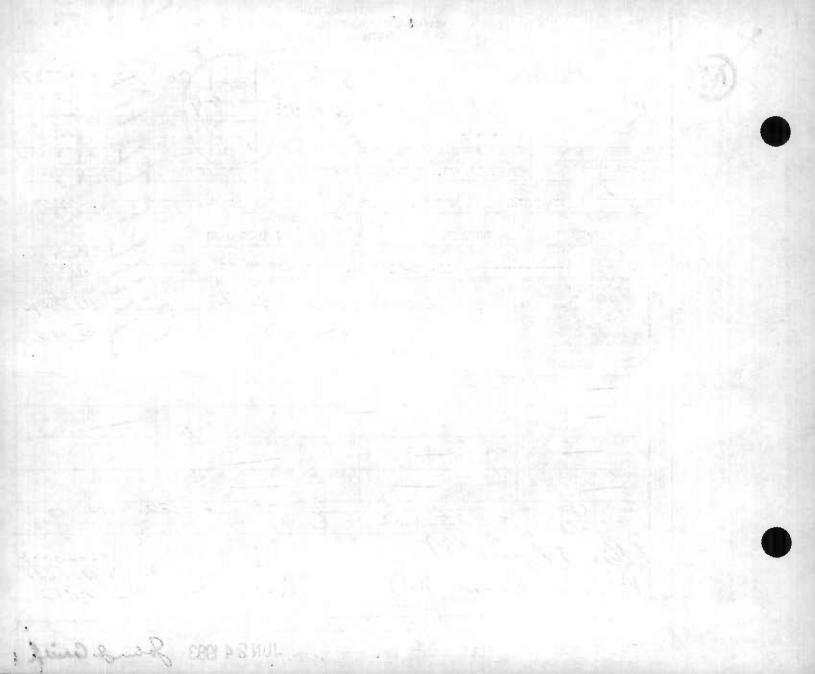
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ysician and co opers. Pages 1 wal.		AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 220-2	CURITY NO. 17 INFORMANT 8-3240 BERNICE HE	305 PPS	PPEL AVE 21976 MD
ed by the attending pt please remove carbonp triol, cremotian, ar remo , or ather troumotic eve		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	TE CAUSE (0)	DUENCE OF	M.I.	ST BEIWEN ONSET AND BEATH
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has be t permit iene pric ows any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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and M and M ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM. ETC.) 211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE
W C 16		W-R	ital) attended the deceased from	10 10 19	3 , to 6 -	14, 1983, that (1) (we) lost
OIRECTOR: Attached for use as Dept. of Health Health		22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	of) view the body offel death.	Ond that in (my) (our) opinion DEGREE ,		te and hour and from the couses stated
VERAL De detoc		sow the deceased alive an above, (1) (we) (did) (did no	of view the body offe death.	ond that in (my) (our) opinion	MEDICAL STAF	220. DATE SIGNED
detoc detoc rote D	23a. B	sow the deceased alive an above, (I) (we) (did) (did no 27th. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF AMARY LANGE)	on view the body of death. DR PFINT) J. SEVI	DEGREE , ATTENDING PHYSICIAN	MEDICAL STAF	220. DATE SIGNED



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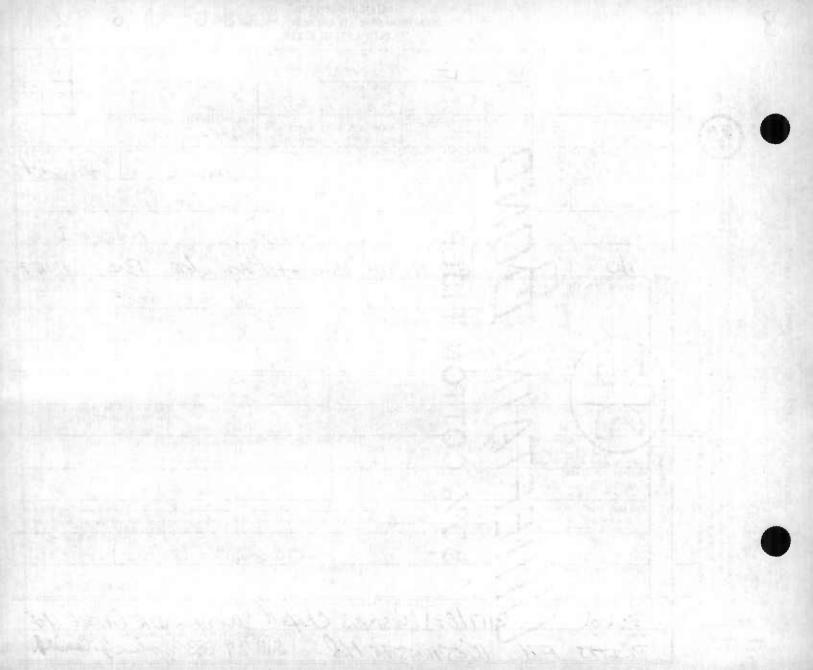


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L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG W. F A BURIAL - TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, D. L., CREMATION, OR REMOVAL.	NOI		immediate g the <u>under</u> kt covartions	(contributions to beath i	AS A CONSEQUENCE OF	ECONTROL DELFOR CHEMICAL	ART 1 (a).			
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DHMH - 17 (VR A 15 ME (5))	24. 1	NAME 51	Jose 30 Wis	c. Ave ADDRESS	s Sons Inc.	C. JU	N 2.2.1983	25h GISTI	RAR'S SIGNATURE	uf

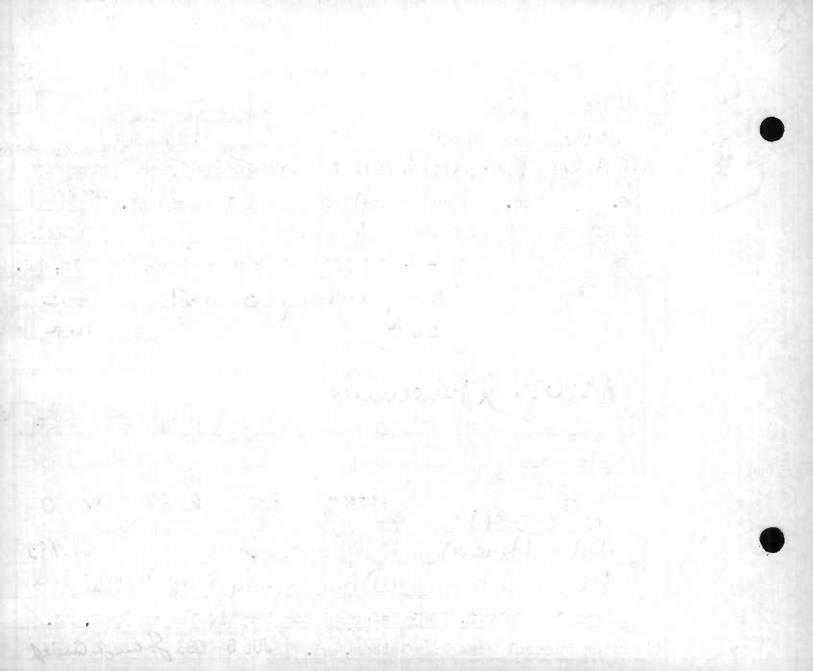
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3	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 6 1 2 4 CERTIFICATE OF DEATH
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omplete ond 2	1	Hert	magrider Bertha Moole Murdock
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res that the death certifined by the attending plant please remove carbant virial, cremation, or removed, or other transmotic events.		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF CHT - CVA DUE TO, OR AS A CONSEQUENCE OF CHT - CVA (b) DUE TO, OR AS A CONSEQUENCE OF CHT - CVA (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
he low requir	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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OR ATTEN he hospital DIRECTOR: oched for us Dept. of He If Hem 21 is		sow the deceosed alive an above, (I) (va.) (did) (did not 22b. SIGNATUIL	MAY 19 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
HOSPITAL ined by the FUNERAL uld be det in the State ORTANT:		22d. PHYSIQIAN'S NAME TYPE OF	PHYSICIAN DIRECTOR PHYSICIAN
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DHMH- 16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	4 (1) SADDRESS STA HO. 1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 27 1983 John J. Cohurt



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion. Wher this certificate has been signed by the attending physicion and completely filled in the ord mental Hyguene prior to buriol, cremation, or removal. It and Mental Hyguene prior to buriol, cremation, or removal. Orked acr tem 18 shows any injury, or other traumatic event, the medical examiner must the content of the content	160 (VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W		URITY NO. 17 INFORMANT	11 11 Land	P.O. Box 14
LTIM be non crs. Pe		ENO	216-01-	2484 CArtyle	N. Montange	C = 4 4 GO 4 7 THE S
r, BAL		18 CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSED	ane cause per me fan al, (b), al BY:		- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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₩ 5 E 22 3 ₹ 2 4 1	23o. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY STATE
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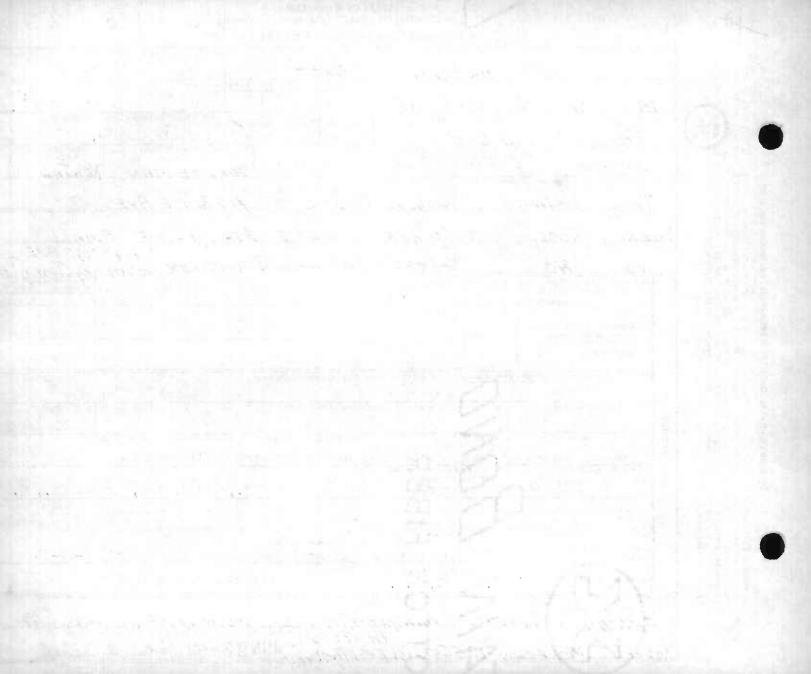
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14	FOR STATE		DEPARTA	MENT OF HE	ALTH AND MENTA	L HYGIELE	5	6 !	2	4
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00 00	(SPECIEY)	REMOVAL 236 DATE	23C. N	NAME OF CEME!	ERY OR CREMATORY	CITY OR TOWN		COUNTY	STA	TE
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6HMH 217	24. FUNERAL DIRECTOR		ADDRESS	PA:	17325 130. DA	TE REC'D. BY REGIS		IKAR'S SIGNA	TURE	
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20M 4/82										



	1-	STATE REGISTRAR			DEPARIN		ICATE OF DEATH	REG. NO	2		42.49
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		AY YEAR	2b HOUR
p 9	TITPE	C	ARRI	E L. OU	RSLER			06-04-8	3		10:00
ôu Alam	3. SE	X		4. RACE	ASI SALAHI	5 DATE C		6. AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HR
4 FEMAL	-	female		Cauc.		MONTH 03-	30-87 YEAR	96	YRS.	ONTHS DAYS	HOURS MIN
Po Po	7a. BI	RTHPLACE (STATE OR FOR	EIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
eoth (5)		bill	113		USA	WIDOWE		Carrol1			٨
5 1 1	10 C	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN		PR OTHER INSTITUTION	120. USUAL OCCUPATI			F BUSINESS C
S AND S	-	inksburg		204	1 OTD W	105/	MINSTER Pite	housewife			2, E
d be		AL RESIDENCE (IF NURSIN	36 COUN	NTY	13c. CITY OR TOW	٧ ,	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	21	048	
r 24 hoult		aryland	Car	roll	Finksbur	g	YES NO NO	2041 Westm	inster	Road	
with with days	14. FA	THER'S NAME	T.	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	510	LAS	а
Long Long	17- 1	VAS DECEASED EVER IN	LILC AD	G.	JAREE 166. SOCIAL SECU	VE	17 INFORMANT	ADDRE	JUL	144	
e execu				WAR OR DATES)	713 AF	RIIYNO.			33	4	
non or m		70	110	2716	12/3-03-	1304	patient's c	hart		APPROV	MAYE INVESTAL
hysic pope iovol		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSE	D BY:			6.:1			BETWEEN	MATE INTERVAL ONSET AND DEATH
certif rbon r rem ic eve		1991 "	MMEDIA		Legis Company		y failure	Part of the second			
endii rendii on, or		Conditions if any	le.		senility	NCE OF					
ne de de motion		Conditions, if ony, gove rise to imme	diote)		T.E.	Maria Control				
by the		couse (o), stoting underlying couse	lost		erminal c		oma				
ned plea	32	PART 2 OTHER SIGNI	FICANT (167			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 16	0
equii	NO NO										
beer mit.	CERTIFICATION	19a DATE OF OPERATION	ON	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
The le	TIF							YES NO	YES		NO 🗌
ZACOTO		210. ACCIDENT WAS UNDER	-	1	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PAR	RT 1 OR PART 2)	
SICIA ng ph certificion-triol-triol-trem	CAL	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	Р	.M.	19					
PHY: ending this ne bu	MEDICAL	21d. INJURY OCCURRE		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	M	COUNTY	STATE
NG Ner of the orke	`	WHILE AT WORK				Tee Tee	/0	Tumo		02	
OR: A	K.	22a. certify that (I) (t				<u>Jul;y</u> 83	nd that in (my) (%r) opinion		, 1	9 <u>83</u> ,	that (I) (We) la
ATTI ospit ECTC id for it. of im 21		boye/(I) (www.jdic) (XXX)	Wiew-the body	y ofter death.		DEGREE	death accurred on the di	ne ond nour	22c. DATE	
OR he h DIR oche Dep	H	Valla-	1.17	tale	mula	7	2 ATTENDING	MEDICAL STA	F		6-83
ERAL by t by t ERAL e del e del	03	214 PHYSICIAN'S NAM	NE (TYPE)	I HODO	of fre	111	PHYSICIAN &	DIRECTOR PHYSIC	IAN	100-0	0-03
TO HOSPITAL oretoined by the TO FUNERAL Ishould be detoo with the Stote [IMPORTANT; If	173	Richard Y	7.1		. M.D.	Marie 1	Carroll Plaz	a. Westmins	ter. M	arvlan	d 21157
TO He should with IMPO	23a F	BURIAL, CREMATION, R				IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP	-	13.1014	LINOTAL	6-7	-83 5	1 /	2 - 4 -	CITY OR TOWN	10 /	A D D	STATE
DHMH - 16 50M 7/77	24. F	JNERAL DIRECTOR	. 0	1)	1109	250. DAT	E REC'D. BY REGISTRAR	REGISTR	AR'S SIGNA	ORE
(VR A 15 (4))	R	Bert Kyl	. Un	ulla de	1. W.E.	Mes	sler, HeA	10N 1 0 1983	Jour	non	- Maria

AND THE COURTS DESCRIBED THE RESERVENCE OF THE PROPERTY OF THE

Mary 17				
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E SAME STORY	and whose set as	4 000	No.C.	2 (ne ne na 2 (
The Property and the Park 1992			0	1000
V-Jajak?	Zineth Ta			S. A.Fb
226415	Canadian Ave	12/3:46-6		
	ending extra	e famultinea		
		T.	1000000 100000000000000000000000000000	
An-10-101				
in, sequence, reginal 1155	10 ± 0 ± 0		Server V.	ون
July 10 1925 - Carlo Andrea				

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE

22c. DAJE SIGNED

COUNTY

83

12b. KIND OF BUSINESS OR

LAST

Ward

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4000

NOF

STATE

the frequency

Carrell County,

. With the state of the second second

Yes heren Min-29-450 Mrs. Largement J. Torin Mass and Jacob See

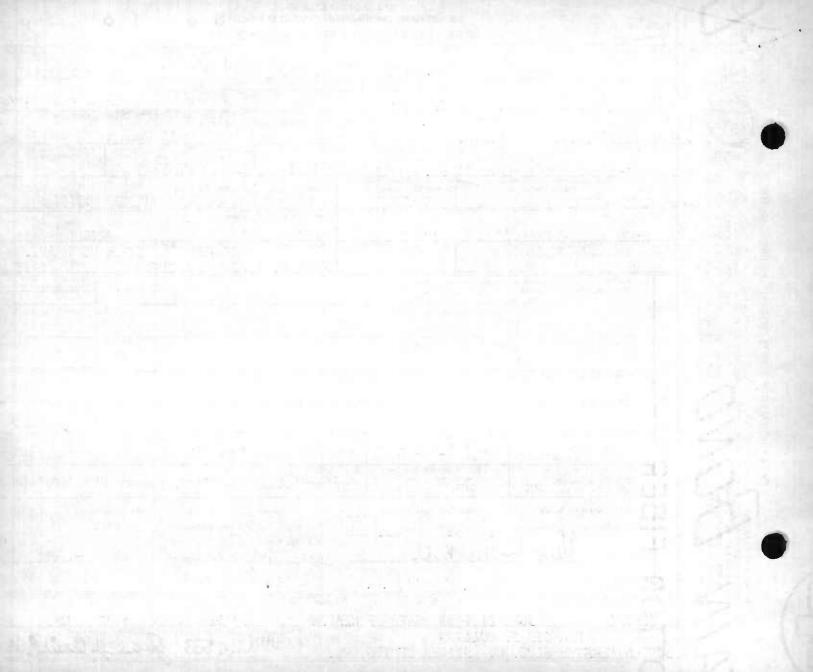
Windsor.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Walter Monneth Plank | June 18, 1983 - 8:450. mite cot. 13, 1907 75 m nervland U. G. Carroll
21,776
Tholesale
Hew Windsor 108 Callege Aye. Produce Route Paryland Carroll New Edndson R 308 College Ave. Wilseith S. Flank Lottie -- Simelly Wo . Ho 216-05-170b Thelma R. Plant, West Mindron, Md. Burial 6/21/1983 Pipe Greek Jen. Jarroll Jounny, Jarylan desta for the dans, sarylanded gares for the the contract

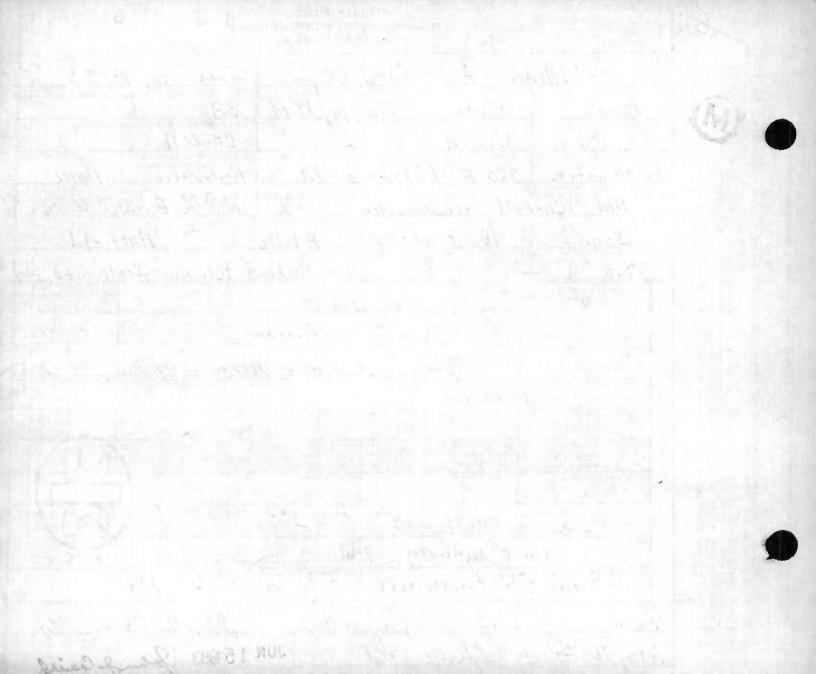
1	FOR			DEPARTMENT OF F	TEALTH	AND MENTAL F	TYGIEN		0 1 3	0
796	= STATE REGIST	RAR	MEI	DICAL EXAMIN	ER'S CE	ERTIFICATE C	F DEATH	REG. NO.		
	DECEASED	NAME FIRST		WIDDLE	Ł/	AST	2a. DATE	KNOWN XX	MONTH DAY YEAR	Zb. HOUR
3.	(TYPE OR PRIN		LICH	EDILLOTO	RIVER	25 70	Or	ESTI-		
1	SEX	14 RACE	UGH Is. date of birth	FRANCIS 6. AGE (IN YEA		OER I YR. IF UNDER			6-16-839	R 2d HOUR
			MONTH DAY	YEAR LAST BIRTHDA			MIN. PRONOL	JNCED		10.110011
	MALE	WHITE		1944 38 YR	S.		DEA		6-16-839	2:35P
- 70	BIRTHPLA FOREIGN CO	CE (STATE OR	76. CITIZEN OF WE	AT COUNTRY?	8. MARRIEI	D NEVER MARR	IED - S BALTI	MORE CITY OR	COUNTY OF DEATH	
Tα		IGTON.D.C.	U.S.A.		WIDOWE	D DIVORC	ED X Car	roll Cou	unty	MD
		OWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER		120 USUAL OCC	UPATION (TYPE OF		BUSINESS
11.				CO. GODON	ما لام	cnital	LAW STU		OK INDUS	SIKY
Ú.	SUAL RESID		E OR OTHER INSTITUTION, GIV	Co. General	IL NO:	spriac			Charles	251
/	o. STATE	HI COL	YINL	13c. CITY OR TOWN	1	3d. INSIDE CITY LIMITS?	13e. STREET ADD		NUT 00150	_/
_		CHUSETIS		WINTHROP		YESXX NO [ISON AVE	NUE 02152	/
1	. FATHER'S		WIDDLE	LAST		15. MOTHER'S MAID!	ENNAME	MIDDLE	LAST	
1	HUG		RANCIS	RIVERS		HELEN			HUHN	4-5
16		CEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY	NO. 1	7. INFORMANT	SISTER	ADDRESS 2	JOHNSON A	WE.
	NC					CARYL R. I	UPO	WINTHRO		2152
F			anly ane cause per line	far (a), (b), and (c).)					I APPROXIMA	ATE INTERVAL SET AND DEATH
	PA	RT I DEATH WAS CAU	SED BY:	Hanging					BETWEEN ON	SET AND DEATH
	9	1530 IMMED	INIT CHOSE (d)	AS A CONSEQUENCE C)F					
	C	anditions, if any, whi			3 (27)					
7		ave rise to immedia								
		ouse (a) stating the undi ing cause last.	DUE TO, OR	AS A CONSEQUENCE C)F				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			(c)							
		OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE (OR CONDITION GIVEN IN PA	RT 1 rat.			
	0									
П	19a. Da	ATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WA	S PERFORMED?			20 AUTOPS	Υ?
	E E								YES _X	NO 🗆
		TERNAL CAUSE WAS	21b. TIME OF	INJURY		W INJURY OCCURRE				4, 11
		RLYING XXXR RIBUTING CAUSE C	PEDEATH 1PM	6-16-83, YEAR	sub	ject foun	d hanging	3		
		JURY OCCURRED	21e PLACE C	FINJURY (ATHOME,	21f LOC	-				
			STREET, FACT	Throom	Spr	Inafield	State H83	Syke Syke	svitte, Mar	yland
	AT W	ORK AT WORK	× Da	THOOM	J. J.					
	220	Lertify that I taak cho	arge of the remains des		Autopsy	/ X Inspectio	ın 🔲 , İnquir	y 🔲 , and i	n my apinian	
	deatl	n resulted fram: No	itural causes ,	Accident . Sui	cide XX	Hamicide .	Undetermined i	manner ,		
	2	110	- 1	11		TITLE (SPECIFY)				
	ACTU	AL WOL	male The	Mill.	AA F	Assistant	MEDICALEVA	MINIED	DATE SIGNED 6-17-	83
0	310147	STORE							SIGNED. V	
2 23	EXAM	INER'S NAME M	argarita A	Korell, M.D		111	Penn STre	eet		
20		OR PRINT) ME		23c. NAME OF CEM		DDKE 33				
23	(SPECIFY)						23d LOCATION CITY OR TOWN			STATE
-	BUR		JUNE 21,1		F HEA	VEN	SILVER		MONT MD	
12	NAME	FRANC	CIS J. COLL	INS		230. DATE	REC'D. BY REGISTE		RAR'S SIGNATURE	. 4 .
	500 111	UTUFRCITY F	RIVD W S	TIVER SPRIN	G. MD	00	N 24198	J 124	with what	177:



1	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H		
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO	ONTH DAY YEAR 2b HOU
		4/1/1	AN A.	SANdosky	June .	10, 1983
	3. SEX	Female	4. RACE	5. DATE OF BIRTH DAY JULY 14, 1899	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
1.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8.	9. BALTIMORE CITY OR	YRS. COUNTY OF DEATH
12		Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	CARROTT	
00	W.	14 OR TOWN OF DEATH	320 E. NIC	Kodemus Kd.	120. USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
3/	USUA 13a. S	TATE 13h COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. GITY OR TO	FORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NO		E NICRO de ha
outilline outilline	4. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	11 200 LAST?
8	60 W	JOHN VAS DECEASED EVER IN U.S. AR		CAMP Adell	ADDRES	HATFIELD
l medico			VE WAR OR DATES)	Mrs Richa	rd Putman	Westminster,
event, in		PARTI DEATH WAS CAUSE	nty ane cause per line far (a), (b), ED BY: TE CAUSE (a)	und (ch.)		APPROXIMATE INTERV BETWEEN ONSET AND D
DOTIC		4100	DUE TO, OR AS A CONSEC			to date
other trou		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	oualry occlim &	closes when	Frostern ZP 12
ınlury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COAD	TION GIVEN IN PART 11a
ws only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
0 4	E	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	
- /	¥	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
- /	NEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
- /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 216 PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE)	19 21f LOCATION STREET	CITY OR TOW	
- /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE NOT WORK 220.1 certify that (1) (this hospi saw the deceosed alive on	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	DAY YEAR 19 21F LOCATION STREET	city or town	
# Item 21 is morked or Item		(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hospi saw the deceosed alive on above, (1) (we) Hidd Hold in 27b. SIGNATURE	P.M. 21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFIC	DAY YEAR 19 21f LOCATION STREET 19 3, and that in (my) (que) opinio DEGREE	city or town to	COUNTY STA
if item 21 is morked or item		(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) Hard-Haid no 27b. SIGNATURE 22d. PHYSICIATIOS NAME SIVER CO	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC tal) ottended the deceased from May 3 1) view the body offer death.	21 LOCATION STREET 21 LOCATION STREET 19 27 ADDRESS 21 LOCATION STREET 19 27 ADDRESS 21 LOCATION STREET 22 ADDRESS 23 ADDRESS 23 ADDRESS	city or town	COUNTY STA
MPOKIANI: # #em ZI is morked or frem I		(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) Hard-Haid no 27b. SIGNATURE 22d. PHYSICIATIOS NAME SIVER CO	P.M. 21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFIC tal) ottended the deceased from May 3 1) view the body latter death. WALLEY CONTROL OF SONIY AND	21 LOCATION STREET 21 LOCATION STREET 19 27 ADDRESS 21 LOCATION STREET 19 27 ADDRESS 21 LOCATION STREET 22 ADDRESS 23 ADDRESS 23 ADDRESS	city or town to	COUNTY STA

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



	G#	582 8/2 FOR mtb STATE	4/83 Tèms	as #18-22	DEPARTM	STATE ENT OF HE		ARYLANI AND ME		YGIENE	3		1 6	1	3	5
1,	1-	STATE REGISTRAR		ME	DICALE	XAMINE	R'S CE	RTIFIC	ATE O	FDEAT	Н	REG.	NO.			
-		CEASED NAME FORMINI			WIDDLE		LÁ		Fig.	20	DATE	KNOWN ESTI-	MONTH		YEAR	2b. HOUR
150	3.587		James 4. RACE	S DATE OF BIRTH	F.	. AGE (IN YEARS		inds	F. i. in en e			ESTI- MATED	Ø 6		1983 YEAR	M
į.	n		Black	MONTH DAY	1926	LAST BIRTHDAY)	MONTHS		HOURS 2		DATE ONOUN DEAD	NCED	6		1983	9:30 a. M
-		RTHPLACE OF	ATE:OB	76. CITIZEN OF W	HAT COUNT		MARRIED	D NEVE	ER MARRIE	D 🗆 9.	BALTIM	ORE CITY	OR COU			
2		Md.		U.S	.A.		VIDOWE		DIVORCE	D 🗵			Cour			MD.
20	3	ykesvi	lle /	11. NAME OF HO	ACILITY GIVE STRE	ET ADDRESS)	1	line		FOR MOS	ST OF WOR		TYPE OF WORK	126 KIN	ND OF BURNING	TOL C
35		TATE MA	IF IN NURSING HOME OF	Υ	13c. CITY O	RTOWN		YES X	Y LIMITS?	13e. STREET		SS	/	0.,	21	207
-	14. F/	THER'S NAME	CITIAN		- Syke	sville	1	S. MOTHER		N NAME	7	NOKU	000	Tive		
20	?	Alex	Ander	MIDDLE	Sands	SK.		Z	essi	e	M	AIDDLE (35001	mes	LAST	
	16a. V (Y	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. ARM	ED FORCES?	21U	OA SIO		SUSAY		2//	R	ADDRE		D	1	
	H	18 CAUSE OF	DEATH (Enter anly	ane cause per lin	e far (a), (b), c	and (c).)		OUSITY	Lett	mu	Di	<u> </u>	oke,		PROXIMATE VEEN ONSE	INTERVAL AND DEATH
		PARTIDE	ATH WAS CAUSED IMMEDIATE	CAUSE (a)		int Tra	uma '	to Che	est					DETV	ALIA ONSE	AND DEATH
OWO		Čanditian	s, if any, which	DUE TO, O	R AS A CONSI	EQUENCE OF										
5		gave rise	e to immediate stating the <u>under-</u>	(b)	R AS A CONSE	EQUENCE OF										
		lying caus	e last.	(c)												
	z	PART 2 OTNER SIG	NIFICANT CONDITIONS C	ONTRIRUTING TO OFATI	RUT NOT RELATED	D TO THE TERMINA	L DISEASE O	R CONDITION	GIVEN IN PART	T. 3 tal.						
7	CERTIFICATION	190 DATE OF	OPERATION	196 COND	ITION FOR W	HICH OPERAT	ION WAS	S PERFORM	AED?					20. A	UTOPSY	
	Ĭ		V		. po = 1									Y	ES X	NO []
Z		21a EXTERNAL UNDERLYING	OR	0	M. MONTH D	- 45		W INJURY C					18 PART I OR I	ART 2)		
1	MEDICAL	21d INILIPY O	CCURRED	21e PLACE		2. 19 83 (AT HOME.	SI 21f. LOCA	ubjec	t fel	l fro	m br	ridge				
	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FA	ctory, farm, etc.		STR		arrol		line		•	OUNTY		STATE
			y that I taak charge		scriped abave	, held an	Autapsy	XX.	Inspection		Inquiry		and in my	apinian		
		death resulte	d your Natura	Courses of	Accident [, C Suicio	de .	Hamicio		Undetern	mined mo	anner X	,			
		ACTUAL SIGNATURE	leur	190	nux	5 mi	W.	Assi	ecify) stant	MEDICA	AL FYAM	AINER	DATE		-22-	83
E		100000000000000000000000000000000000000	NAME Don	nis F. S	myth 1	4 D				Penn			SIGN	4ED		
3	73a B	EXAMINER'S I	ION, REMOVAL 23			ME OF CEME		ODRESS		[23d, LQC/		eeı				-
	X	urial	6	-25-83	3 8	1	uk C	enttin	4	CITY OR	KOJIN.	11.	Har	and.	· X	1
	H.F	UNERAL DIRECT	1 4/ · P	e popes	5 -11	In 1		2	UN 2	EC'D, BY RE	GISTRA Q 3	1256 RE	GISTRAPIS	Can	wh	
	$\perp \Delta$	May 16	Hought	sayli	eville.	nu	1	J	JUN 2	1 10	50	0				

Sylvenile and and the second Med Cornell Subscribe & 15th Marked American Mesonales Smile S Deserte Grandes I Thereto Hail Admille Hale Contagn Colored Head DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

- STATE REGISTRAR 1. DECEASED NAME

male

COUNTRY

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH

LAST

WIDOWED X

	REG. N	10.					
2a DA	TE OF DEATH	MONTH	DAY	YEAR	2b HO	JR	
1	06-04	-83			12:3	0p	
6. AGE	(IN YEARS LAST B	IRTHDAY)	IF UNDE		IF UNDER 24 HRS		
	92	VPS	MONTHS	DAYS	HOURS	MIN.	

ARTHUR P. SCOTT

USA

76 CITIZEN OF WHAT COUNTRY?

4 RACE 5. DATE OF BIRTH Cauc 10-13-90

YEAR

MARRIED NEVER MARRIED

DIVORCED T

9. BALTIMORE CITY OR COUNTY OF DEATH Carroll

12a LISUAL OCCUPATION

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster

Carroll

(IF YES, GIVE WAR OR DATES)

Westminster Nurs. & Conv. Center

13d. INSIDE CITY LIMITS? YES KK NO

15. MOTHER'S MAIDEN NAME

JULIA

13e. STREET ADDRESS 138 Willis Street

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MACHINERY

Maryland n A FATHER'S NAME CHESTARLES

To BIRTHPLACE ISTATE OR FOREIGN

SCOTT 16 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b SOCIAL SECURITY NO. 215-26-8716

Westminster

17 INFORMANT

patient's chart

ADDRESS

MIDDLE

FLINT LAST

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY

(YES, NO OR UNKNOWN)

YES

Conditions, if any, which gove rise to immediate

IMMEDIATE CAUSE (a) Arteriosclerotic ærdiovascular disease DUE TO, OR AS A CONSEQUENCE OF Parkinsonism

DUE TO, OR AS A CONSEQUENCE OF

chronic brain syndrome

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

ATTENDING

19n DATE OF OPERATION

(IF EITHER NOTIFY MEDICAL EXAMINER)

now the deceased olive or

CERTIFICATION

prior

18

bei

couse (o), stating

underlying cause

21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

June 3,

view the body after death

6-7-83

HOUR A.M. MONTH DAY P.M 21e PLACE OF INJURY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

January

211. LOCATION STREET

20a AUTOPSY?

NO

June

and that in (my) (XX apinion deoth occurred on the date and hour and fram the causes stated

CITY OF TOWN

YES [

COUNTY STATE

NO [

21d. INJURY OCCURRED NOT WHILE 220.1 certify that (1) (the way) ottended the deceased fram.

211. PHYSICIAN'S NAME

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 06 - 06 - 83

Richard Y. Dalrymple, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE

Carroll Plaza, Westminster, Maryland 21157 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION WESTMINSTER CARROLL MD. SIATE

DHMH-16 30M 2/80

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BURIAL

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WESTMINSTER

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(VRA 15, 4)

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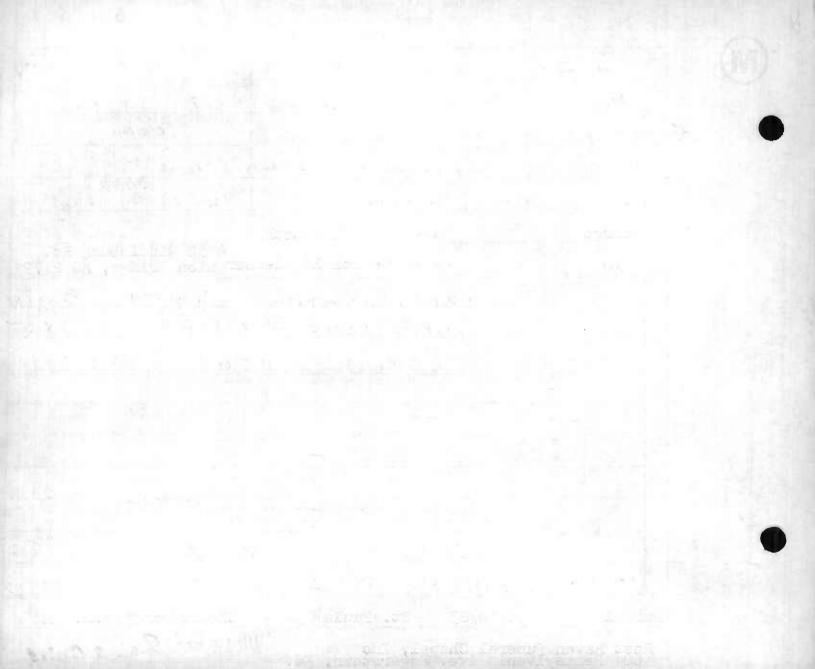
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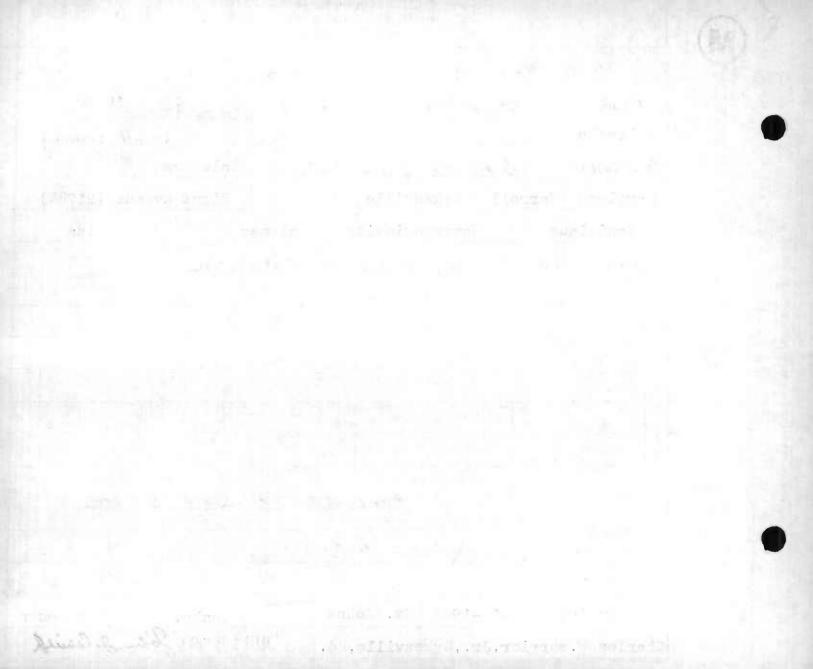
STATE OF MARYLAND

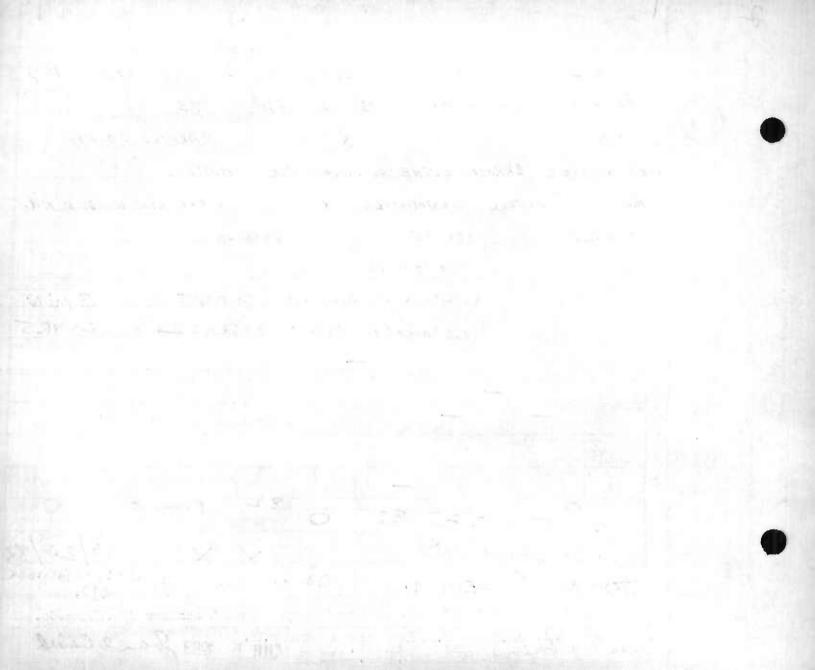
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	RE	G. NO.		
	DECEASED NAME FIRST TYPE OR PRINT) GEOFGE	RICZ	Tu	cker	2a. DATE OF DEA	H MONTH	DAY YEAR	26 HOUR
3.	SEXMale	White	5. DATE O	OF BIRTH	6. AGE (IN YEARS LA		MONTHS DAYS	1 - 101
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW!	D NEVER MARRIED !	9 BALTIMORE CI			MD
10	Westminster	AFFO THE SUCH FACILITY.	GIVE STREET ADDRESS	PROTHER INSTITUTION	120 USUAL OCCU	PATION OST OF WORKING	LUFE) INDUSTRY	OF BUSINESS OR
13	a state lish eou	OR OTHER INSTITUTION, GIVE RESID	OR TOWN	13d INSIDE CITY LIMITS	315 1	is the	- D.	21157
1	FATHER'S NAME George	MODIE Tuc	Ker	15. MOTHER'S MAIDEN	Fran	ce5	Ric	SI C.
16	a WAS DEGLASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES.	RMED FORCES? 166 SOC	-14-5210	17 INFORMANT	F. Tucke	DDRESS	RAC 45	±1/3
NO	Conditions, if ony, which gave rise to immediate couse (a), stofting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	MOT RELATED TO THE TE	RMINAL DISEASE OR O	enos	GIVEN IN PART 1	o
CEPTIEICATION	190 DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE FINDING TIFYING CAUSES	NGS USED S OF DEATH?
MEDICALCE	00.00.00.00.00.00	P.M. 21e. PLACE OF INJUR (AT HOME STREET FACTOR	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	211. LOCATION STREET		INJURY IN ITEM I	COUNTY	STATE that (I) (we) last
	saw the deceased alive a	6 1	19 <u>& 3</u> , ar	DEGREE ATTENDING	on death occurred on t	STAFF		couses stated
	CH ITRACHE	ORPRINT) DUNAG		174E.MC	ain St. We	1- 1	va nj	D21157
23	BURIAL, CREMATION, REMOVA	6-18-198	3 Westu	EMETERY OR CREMATOR	23d LOCATION	Alle	couffian	daniele
L	Tale Fletch	254 E Westmin	ADDRESS MAIN	1. 21157	IUN 2 1 1983	RAR ZOREGI	ISTRAR'S SIGNAT	welf.

× ~	74	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATI		8 3 REG. 1	1 (5	3 9
(BA))		EASED NAME	FIRST	٨	AIDDLE		AST	20	DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
(IAI	100			PEAKL		W.	WALT					1 83	8:22 pm
9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	irs after	3 SEX	FEMALE	4	CAUC	ASIAN	S DATE O		AR	AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS	IF UNDER 24 HRS
et h. e	n 72 har	CC	THPLACE ISTATE OR FOUNTRY) PSHINGTON CO		CITIZEN OF	what country A	? 8 MARRIE WIDOWE	NEVER MARRIE	DU	BALTIMORE CITY	OR COUNTY CARRO		MD
on s after d	filed with	10. CI	Y OR TOWN OF DEA WESTMIPSTER		(IF NOT IN SUC	HOSPITAL, NURS HEACHLITY, GIVE STRE	ING HOME (ROTHER INSTITUTION	(TY	USUAL OCCUPA BE OF WORK FOR MOST	OF WORKING LIF		OF BUSINESS OR
ND 212	must be		L RESIDENCE (IF NURS TATE	136 COUNTY			ORE ADMISSION) WN INSTEL	134 INSIDECITY LIM		STREET ADDRESS	211.	57 YTOWN R	D.
AARYLA d within	12 sh	_	THER'S NAME FIRST George	MIDI	DLE	LAST		15 MOTHER'S MAID FIRST Elizabe	DEN NAME	WIDDIE		BOWERS	
BALTIMORE, MARYLAND 2120	s. Pages 1 and e medical exa		AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17 INFORMANT Donald W		4152°N	Middle	hure	Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. NG PHYSICIAN: The law requires that the death certifical attending physician.	signed by the attending physici hen please remove carbon paper to burial, cremation, ar removal njury, or other traumatic event, th	NO	PART 2 OTHER SIGN	which mediate g the lost	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEO	UENCE OF	ANCE (ANT) NOT RELATED TO TH	Ant TE TERMINA	ANY CHF YENY LDISEASE OR COL	UST DIST	ASR	MATERINERYAL PONSET AND DEATH MATERIAL PONSET AN
AL RECOF	it permit. I tene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	WERE FINDIFYING CAUSES	NGS USED OF DEATH?
OF VIT.	rial-transit		21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJ	URY IN ITEM 18, P	ART 1 OR PART 2)	
IVISION JG PHYS	is the but hand Me	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK	HILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN.	COUNTY	STATE
TTENDIN	for use of Healt		220.1 certify that (1) sow the decease above (1) welld		/ /	1 1000 0	3 19	d that ir (my) bur) o	pinion deot	h occurred on the	dote and hou	r and from the	thor(1) we) lost couses stated
ALOR A	detached detached ote Dept.		22b. SIGNATURE	Th	- Le	la, l	ME	DEGREE ATTEND	DING M	MEDICAL ST.	AFF ICIAN []	221. DATE	SIGNED
	should be dere		22d. PHYSICIAN	TYPE OR PR	EH1	GH	ME	1220 ADDRESS	Mai	N5%.	UMO	NBNI	DUE, ND
of a star of	2 € § ₹	23a. B	URIAL, CREMATION, PECIFY)	REMOVAL	23b. DATE			EMETERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP_					6/14/	83	St. Pa	auls Cem		Clearsp			Md
DHMH - 16 6 (VR A 15			NERAL DIRECTOR NAME EST Have	n Fun	eral	Chanel	. Inc	2	So. DIE RE	1 5 1002	25b OF GIST	RAR'S SIGNAT	URE







THE REST OF SOLVES OF THE PROPERTY OF THE STATE OF THE ST To Line on the second with the second with the printed at the second of the s The property of the party of the country of Taring | 6-6-4005 | Providence Center, Carroll, Milli A Date of the state of the stat

I	FOR - STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0.	6.1	4 3
	DECEASED NAME FIRST	MI	DOLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
193	Lester S.	Wimert				06-13-8	3		7:20am
3. S	male	4 RACE	cauc	5. DATE C		6. AGE IN YEARS LAST BIRT		FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD •	76 CITIZEN OF W		WIDOWE	- Long Control	9. BALTIMORE CITY O		OF DEATH	MD
	estminster	11. NAME OF HE	OSPITAL, NURSIN FACILITY, GIVE STREET A TMORETA	ADDRESS)	PREET	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O SALES			F BUSINESS OR
130	UAL RESIDENCE IF NURSING HOME O STATE 136 COU Maryland Car	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Westmins	N	13d. INSIDE CITY LIMITS? YES XX NO	13e. STREET ADDRESS 3 Westmore1	and St	reet	21159
0 14.1	FATHER'S NAME LUTHER	MIOOLE W]	IMER T ST		15 MOTHER'S MAIDEN NAME EFFIE	ME	SCHAE	FFER LAS	
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI 212-01-8		HAZEL WIMER	ADDRE	21157		
	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost.	DUE TO, OR	,	NCE OF	ng with liver	metasasis		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u> I	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	01
CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
E E	21d. INJURY OCCURRED	21e. PLACE O	FINJURY		211. LOCATION	CITY OR TO	401	COUNTY	

WHILE NOT WHILE 220 I certify that (I) (this XX pital) attended the deceased from June 10, 19 present June 83 and that in (my) (&) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN 6-13-83

Me. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Richard Dalrymple, M.D.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Carroll plaza, Westminster, Md. 21157 23d. LOCATION

BURIAL 24 FUNERAL DIRECTOR
NAME
PRITTS WESTMINSTE

23b. DATE

CARROLL

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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(VRA 15, 4)

YELLON June 23, 1985 9 A • • 5 To be dead of the second of th Andreater 1332 Cld Prichester Road Lecourte in 1332 Cld Prichester Road TINES TO THE PROPERTY OF THE PARTY OF THE PA Tanta dan milita ones mast maria "II. - MS-11709 Continued Administration of the second continued by the second East of the second